

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000118525

**FILED**  
**Feb 23, 2006**  
**Secretary of State**

**Entity Name:** SLM TURBO INVESTMENTS, L.L.C.

**Current Principal Place of Business:**

515 EAST GARDEN STREET  
LAKELAND, FL 33805

**New Principal Place of Business:**

**Current Mailing Address:**

515 EAST GARDEN STREET  
LAKELAND, FL 33805

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOPPE, JOHN D  
225 EAST LEMON STREET, SUITE 300  
LAKELAND, FL 33801 US

**Name and Address of New Registered Agent:**

HOPPE, JONN D  
225 EAST LEMON STREET, SUITE 300  
LAKELAND, FL 33801 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JONN D. HOPPE

02/23/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MEYERSON, LANCE R M.D.  
Address: 515 EAST GARDEN STREET  
City-St-Zip: LAKELAND, FL 33805

Title: MGR ( ) Delete  
Name: LINGAMALLU, RATNAMANI M.D.  
Address: 515 EAST GARDEN STREET  
City-St-Zip: LAKELAND, FL 33805

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LANCE R. MEYERSON, M.D.

MGR

02/23/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date